

Print

Fees

CPT Certification Application Fee	\$100.00
	Total
Fees:	\$100.00

OnlineConvenienceFees

Online Convenience Fees - EFFECTIVE JULY 5, 2023:

Like so many businesses today that are significantly impacted by the costs of credit card processing fees, the Board had to implement a convenience fee schedule for online services. Convenience fees will be added at checkout as follows:

ACH payments (electronic bank transfer) & similar types: a flat \$2.00 fee for each payment

Credit Card payments & similar types: \$2.00 transaction fee, plus 2.5 % of total charge.

The option of submitting your application through the mail or in person with a check or money order at no additional cost is still available as an alternative to using the online services.

CPT.I.Intro

1. Application for New Pharmacy Technician Certificate.

This is not a renewal application.

Prior to beginning this application, you must fully review and understand all information at <https://www.pharmacy.la.gov/page/application-process-transparency-pharmacy-technician-certificate>.

Have you reviewed this information and gained a full understanding of the application requirements, fees, and processes?

Yes

CPT.I.PersonalInformation

2. Please enter your full legal name including first, middle, last, and suffix (Jr., Sr., III, V, etc.).

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3. List all other names you have been known by (maiden, married, etc.).

Note: you will be asked to provide legal documents for all name changes later in the application.

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4. Please enter your date of birth.

01/01/2000

5. Please enter your place of birth (City & State, Country if not USA).

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6. Please upload a copy of your birth certificate. In the event the birth certificate is recorded in a language other than English, a certified translation copy shall be attached. In the event a birth certificate is not available, we will accept a copy of a valid passport or naturalization documents.

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7. In the event the name on the birth certificate differs from the current legal name on the application form, the applicant will need to provide copies of the legal documents for every name change in the interim. Examples of acceptable documents include marriage license or other court document detailing the name change. A driver's license or Social Security card is not acceptable for this purpose. Please upload your name change documents now.

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8. Please enter your social security number.

000-00-0000

9. Please upload a legible copy of your social security card.

The Louisiana Board of Pharmacy will not issue any license, permit, or certificate without a social security card.

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10. Select gender.

Male

11. Which of the following best describes your ethnicity?

Other

12. Please enter your eProfile number, as assigned by the National Association of Boards of Pharmacy:

000000

13. Please upload a recent photograph of yourself. Photograph should be recent (within the last 6 months), should show a clear likeness of the applicant's head and shoulders only with eyes open. Photograph should not be black / white and should not include other people. Please remember you are submitting the photograph to your professional licensing agency. Passport photographs work best.

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CPT.I.ContactInformation

14. Enter the mailing address at which you would like to receive mail from the Louisiana Board of Pharmacy. Please note that mailing addresses are a matter of public record; we are required to make them available. If you have security concerns, we encourage your use of alternative services, e.g., post office boxes, etc.

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15. Email is our primary means of communication with applicants. Please provide a secure email address that you check routinely.

licensing@pharmacy.la.gov

16. Please enter a personal telephone number which can be used to contact you.

(000) 000-0000

CPT.I.EligibilityDetermination

17. Please select the eligibility option that applies to you based on out of state credentialing or the issuance of your pharmacy technician candidate registration (PTC):

For Pharmacy Technicians holding a credential in another U.S. jurisdiction:

- **Out of State:** You have held a pharmacy technician credential issued by another U.S. jurisdiction for a minimum of one year and that credential is currently active.

For applicants that received the PTC PRIOR to November 20, 2024:

- **Option A:** You obtained your PTC based on proof of enrollment in a nationally-accredited and Board-approved training program.
- **Option B:** You obtained your PTC based on your examination and high school education

For applicants that received the PTC AFTER to November 19, 2024:

- **Option A:** You obtained your PTC based on proof of enrollment in a nationally-accredited and Board-approved training program.
- **Option B:** You obtained your PTC based on your enrollment in a Louisiana Department of Education Jump Start program offering pharmacy technician as a career path
- **Option C:** You obtained your PTC based on proof of a Louisiana licensed pharmacist's intent to train.

PTC After 11/19/24: Option C

18. Enter the name of your Pharmacy Technician Educator (pharmacist trainer, approved-program, or high school name) below. Out of state licensees that never obtained a PTC, may input "N/A" below.

Pharmacist John Doe

19. Based on your selection above, the following is required as evidence of training and experience:

- **PTC Prior to 11/20/24: Option A - No submission required. Your program will advise the Board of your completion.**
- **PTC Prior to 11/20/24: Option B - Form 031 ~ Pharmacist's Certification of Hours of Practical Experience Earned by Pharmacy Technician Candidate (Option B).**
- **PTC After 11/19/24: Option A - No submission required. Your program will advise the Board of your completion.**
- **PTC After 11/19/24: Option B - Form 031 ~ Pharmacist's Certification of Hours of Practical Experience Earned by Pharmacy Technician Candidate (Option B).**
- **PTC After 11/19/24: Option C - Form 035 ~ Pharmacist's Certification of Training Completion (Option C).**
- **Out of State: Form 33 will be uploaded later in the application.**

All forms are available at <https://www.pharmacy.la.gov/page/forms-technicians>.

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20. Enter your PTC registration number issued by the Louisiana Board of Pharmacy.

Applicants applying based on out of state licensure may use "N/A".

PTC.009999

CPT.I.Examination

21. Indicate whether your certification examination was administered by PTCB or NHA.

PTCB

22. Record the exam certificate number issued by PTCB or NHA.

123456789

23. Provide the date of your initial certification with PTCB or NHA.

02/04/2025

24. All Applicants: Please upload a legible copy of the certificate issued by PTCB or NHA, or in the alternative, a screen print of the website verification thereof.

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CPT.I.OtherCredentials

25. Have you ever been licensed, registered, certified, or otherwise credentialed by any state licensing authority other than the Louisiana Board of Pharmacy?

Note: An affirmative answer requires submission of Form 033 ~ Professional Credentials Disclosure Form with the required verification for each credential noted. You may find Form 033 ~ Professional Credentials Disclosure Form by visiting www.pharmacy.la.gov.

Yes

26. Applicants indicating that they have ever held a professional credential issued by another agency must complete and submit Form 33 ~ Professional Credentials Disclosure Form, with the required license verifications. Please visit www.pharmacy.la.gov to obtain this form. This form should be uploaded, with required attachments.

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CPT.I.Disclosures

La. R.S. 37:1216 authorizes the Board to conduct a criminal history record check on applicants for any credential issued by the Board as a condition for the issuance of that credential. La. R.S. 44:9 authorizes the Board to access and use records that have been expunged. Upon receipt of this properly completed application, the Board will provide the applicant with materials necessary to perform a criminal history record check with the Louisiana State Police and the Federal Bureau of Investigation. Previous reports

generated for or by another agency cannot be accepted to satisfy this requirement. Failure to disclose any prior disciplinary or criminal history – even if expunged – may result in the denial of this application and the refusal to issue the credential, or if the credential has already been issued, then the suspension or revocation of that registration.

27. Have you ever been issued any of the following:

A citation or summons, and/or

Has/have warrant(s) been issued against you, and/or

Have you been arrested, charged, arraigned, indicted, convicted, and/or

Pled guilty / “no contest” / nolo contendere / “best interest” or any similar plea, and/or

Been sentenced or pardoned, for any criminal offense, including all misdemeanors and felonies, in any local, state, or federal jurisdiction?

Even if an arrest or conviction has been dismissed, deferred, diverted, expunged, or pardoned, and even if your civil rights have been restored, you must answer “Yes”.

Traffic violations such as speeding or parking tickets do not need to be reported; however, DUI or DWI events must be reported, regardless of final disposition.

Note: An affirmative answer will require that you upload certified copies of the final disposition along with your personal letter of explanation later in the application.

No

28. Have you ever had a professional license denied, suspended, revoked, or otherwise sanctioned or restricted or limited, including voluntary surrender of license, including restrictions associated with participation in confidential alternatives to disciplinary programs, and/or

Do you now have any disciplinary action pending against you by any state licensing agency – other than the Louisiana Board of Pharmacy?

Note: In the event of an affirmative reply to this question, you will be required to upload your personal letter of explanation as well as certified copies of all related documents from the agency.

Yes

29. Have you ever been named as a defendant in a civil/malpractice case relating to your practice of pharmacy? and/or

Has a medical review panel opinion been rendered relating to your practice of pharmacy? and/or

Have you been reported to the National Practitioner Data Bank (NPDB)? and/or

Have your clinical privileges been limited, restricted, suspended, or revoked?

Note: In the event of an affirmative reply to this question, your will be required to upload your personal letter of explanation as well as a copy of the malpractice suit or medical opinion or report from the NPDB.

No

30. If you answered "yes" to any of the questions regarding prior history (licensing actions, civil/malpractice, medical panel review) you must now upload your personal letter of explanation and other documents. As a reminder, certified copies are required for prior actions.

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CPT.I.Attest

31. The Board requires that we have a request to conduct electronic business on file. Please upload a signed statement requesting to conduct electronic business with the Louisiana Board of Pharmacy. This is a statement both written and signed by you. The document will not be accepted without your written signature.

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By my signature below, I agree with and attest to the following statements:

I am the person referred to in this application, and the photograph uploaded is a true likeness of me.

I have no current physical, mental, emotional, or psychiatric condition that currently impairs or adversely affects my ability to safely assist in the practice of pharmacy.

I am not currently diagnosed with or currently receiving treatment for a dependency on mood-altering substances, drugs, or alcohol that is unknown to the Louisiana Board of Pharmacy.

All of the answers provided to all of the questions and all of the information provided are true and accurate.

I understand and agree the provision of false information could result in the filing of formal charges against me for the acquisition of a license by fraud or misrepresentation.

I understand and agree that on a finding of such facts, the Board may take the necessary action to refuse to issue a credential, or if the credential has already been issued, then the suspension or revocation of my credential.

I understand that the Board's receipt of my application does not authorize me to practice, nor can I practice while the Board processes my application. I understand I cannot practice until the Board issues my numbered credential.

The use of this electronic application or form fully satisfies any requirement that it be provided to me in written form. I agree that I am responsible for understanding this application or form, and I agree to conduct business by electronic means. I agree that my use of an electronic signature to sign the application form legally binds me in the same manner as if I had manually signed the form.

32. As a component of your electronic signature, please type your name in the text box below.

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33. As a component of your electronic signature, please enter today's date in the text box below.

02/04/2025

The next screen will offer you the opportunity to review all of your data entries and revise them if necessary. When you complete the review process you will have the option of printing your online application form should you wish to do so.

Your final step will be to generate and pay the invoice. Your application will not be submitted until your invoice is paid. Louisiana state government owned facilities, applying for or renewing a credential ending with "X", are exempt from payment of licensing fees and an invoice will not generate.

You will receive emails from the Board updating you on the status of you application as needed after submission. All items are reviewed within 14 business days of receipt.